## **Statement of Organization - Candidate Committee**

Amendment	
☐ Yes	□ No

Use this form to create a new or update an existing candidate committee.

This form must be accompanied by forms CRO-3100 and CRO-3500 (when amending, only re-submit if applicable).

1. Committee Information					
a. Full Name				c. ID Number	
b. Mailing Address (include City, State and Zip Code)			d. Date Organized		
					e. Phone Number
2. Candidate Infor	mation			Candida	nte's Primary Committee
a. Full Name			e. Candidate ID Number		f. Party Affiliation
					(Indicate Man parties of emplicable)
h Mailing Address (inc	lude City State and Zin Code	.)	a Office Squabt		(Indicate Non-partican if applicable)
b. Mailing Address (inc.	lude City, State, and Zip Code	e)	g. Office Sought		
c . Phone Number	d. Email Address		h. Next Election Year	i	i. Jurisdiction
			-		
☐ Email copy of n					
3. Treasurer Inform	mation		4. Custodian of B	ooks Info	rmation
a. Full Name			a. Full Name		
b. Mailing Address (inc	lude City, State, and Zip Code	e)	b. Mailing Address (include City, State, and Zip Code)		
c. Phone Number	d. Email Address		c. Phone Number	d. Email Address	
I prefer to receive		Yes No	☐ Email copy	of notices	3
5. Assistant Treasu	rer Information	Add	<b>6. Account Information</b> (incl. CRO-3500) Add		
a. Full Name		Remove	a. Financial Institution Full Name Remove		
b. Mailing Address (inc	lude City, State, and Zip Code	e)	b. Purpose		
c. Phone Number	ber d. Email Address		c. Account Code	d. Type	
Email copy o					
CERTIFICATION					
Chapter 163 of the		d that no funds a	are commingled with		ticle 22A, 22B & 22D-22M of ed or other non-disclosed funds.
Printe	d Name of Signer	Sig	gnature of Appointed Tre	easurer	Date



506 N Harrington Street Raleigh, NC 27603

Kimberly Westbrook-Strach Deputy Director – Campaign Reporting Mailing Address PO Box 27255 Raleigh, NC 27611-7255 (919) 733-7173 Fax: (919) 715-8047

## **Certification of Treasurer**

This Certification is used by Candidate Committees to appoint a treasurer to the committee. This form is required and must accompany the Candidate's Statement of Organization

FILED BY:	
Candidate Name:	
Treasurer Name:	
Treasurer Address:	
(include city, state, & zip)	
Treasurer Phone:	
the duties and responsibilities sanctions in <i>Subchapter VIII</i> . General Statutes.  I understand that if the above the existing Statement of Org	ation is correct, and I, as candidate, appoint said treasurer to personally fulfill imposed upon the appointed treasurer and subject to the penalties and <i>Regulation of Election Campaigns</i> of Chapter 163 of the North Carolina  Treasurer changes, it will be necessary to certify a new treasurer and amend anization within 10 days of the vacancy. I further understand that the above training by the State Board of Elections within three months of this cle 163.278.9(k).
Date Signed	Signature of Candidate

 $Note: This\ Certification\ is\ to\ be\ filed\ at\ the\ Election\ Board\ where\ the\ committee's\ campaign\ reports\ are\ filed.$ 



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## **Confidential**

#### **Certification of Financial Account Information**

This Certification is used to report confidential bank account information for all financial accounts established by the committee and must accompany the Statement of Organization Form

FILED BY:				
Committee Nam	e:			
Treasurer Name:				
Treasurer Addres	ss:			
(include city, state,	& zip)			
Treasurer Phone	:			
he above named Commoney market or saving the information provided court of competent jurto provide account infected, confidentiality	mittee. These account names accounts, or any other ded on this form is cons would only be used for isdiction. It will be necessionation on required disposition of the account number is	s true and accurate. I am pro- umbers include all bank accor or financial account used for a idered confidential and is no the purposes of an audit or essary to assign each account sclosure reports. If an accor- presumed to have been wait	ounts utilized, credit card ac any purpose by the Committe t subject to public disclosure investigation or as require number a "account code" in ant number is used as the "a	counts, tee. The ed by a n order
			nk account or bank accoun	ts used
		e political committee in a ba il not commingle those funds Address		Account Code
exclusively by the pol	itical committee and shal	l not commingle those funds	with any other moneys.	Account
exclusively by the pol	itical committee and shal	l not commingle those funds	with any other moneys.	Account
Type of account	itical committee and shale Financial Institution	l not commingle those funds	with any other moneys.  Account Number	Account
Type of account  By signing this state	itical committee and shale Financial Institution	Address  of the State Board of Election	with any other moneys.  Account Number	Account Code
By signing this state provided.  Date Signed In lieu of providing	Financial Institution  Ement, I authorize agents	Address  of the State Board of Election  ertify that this committee will	Account Number  ons to inspect all accounts  ignature of Candidate or Treasurer	Account Code
By signing this state provided.  Date Signed In lieu of providing	Financial Institution  Ement, I authorize agents  account information, I co	of the State Board of Election  Sertify that this committee will ay choose this option.)	Account Number  ons to inspect all accounts  ignature of Candidate or Treasurer	Account



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#### **Additional account numbers:**

Type of Account	Financial Institution	Address	Account Number	Account Code
	•	•		

Date Signed

Signature of Candidate or Treasurer



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### **Certification of Threshold**

This Certification is used to declare or withdraw a committee's intent to raise or spend \$1,000 or less in the current election cycle.

This Certification is only valid for political party committees and candidates for a county office, municipal office, local school board office, soil & water conservation district board of supervisors, or sanitary district board.

FILED BY:	
Committee Name:	
Treasurer Name:	
Treasurer Address:	
(include city, state, & zip)	
Treasurer Phone:	
election cycle under the procuntil the end of the election concept expenditures during this election of elections and file required of THIS DECLARATION CAN  I am withdrawing my Control to file the next scheduled results.	ds to neither receive nor expend more than \$1,000 during the current forth in G.S. 163-278.10A. This certification will remain in effect his committee. If this committee exceeds \$1,000 in contributions or I understand that I must immediately notify the appropriate board finance reports.  E MADE AT THE BEGINNING OF AN ELECTION CYCLE.  In to remain at or under the \$1,000 threshold. I will now be required all contributions and expenditures that have not been previously ent election cycle. I further agree to file all future reports required.
Date Signed	Signature

Note: This Certification is to be filed at the Election Board where the committee's campaign reports are filed.



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# **Candidate Designation of Committee Funds**

		nd allows the candidate to designate in t ng the eight allowable methods outlined	
Candidate Name:			
Committee Name:			
Treasurer Name:			
If Candidate is own to	reasurer, designate ar	agent to carry out designations:	
Committee ID #:			
Level Registered:	[State] [County] If	county, specify:	
funds remaining in n debts or reasonable following manner as	ny Campaign Commi expenses for windin	ttee account(s) (after payment of g up the Committee or closing en. Stat. 163-278.16B(a).  Plan for Disbursement	permitted outstanding office) be paid in the
1			
2			
3			
	•	egoing entities are eligible benefinis form should be maintained wi	
Signature of Candida	ate:		
Date:			
Note: This Designati	on is to be filed with the El	ection Board where the committee's cam	paign reports are filed.
CRO-3900	Candidate l	Designation of Committee Funds	June 2007